

**CITY OF MARICOPA PUBLIC SAFETY CITIZEN LEADERSHIP ACADEMY  
PARTICIPANT EMERGENCY INFORMATION SHEET**

***Participants are encouraged to provide pertinent emergency information below, which will be used solely to assist a participant in the case of an emergency. Participants are not required to provide such information.***

Please list any and all allergies or other pertinent medical information that may be needed in case of any emergency:

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Name, address, telephone number of family doctor:

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Emergency medical care location:

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Name, address, and telephone number of persons to be notified in case of an emergency:

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